

Rec'd 10/12/11 via e-mail (JHP)

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

(FOR CANDIDATES)

☒ ORIGINAL REPORT

This Report Covers Calendar Year: 2010

☐ AMENDED REPORT

☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement.
As such, I have completed SCHEDULE L.

Office Sought State Representative

Incumbent: ☐ Yes ☒ No

Date of Election Oct 22, 2011

Date Qualified _____

Name of Filer (print full name) John Fenner French

Mailing Address 230 Carondelet Street

City, State, Zip New Orleans, LA 70130

Name of Spouse (print full name) Elizabeth Shane French

Spouse's Occupation Physician

Spouse's Principal Business Address 1514 Jefferson Highway

City, State, Zip N.O. 2A 70121

Check all that apply:

☐ I have filed my state income tax return for the previous year.

☒ I have filed for an extension of my state income tax return for the previous year.

☐ I have filed my federal income tax return for the previous year.

☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

Certification of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me this 12 day of October, 2010.

Jose Carlos Mendez

Notary Public (print name)

[Signature]

Notary Public (signature)

ID# 32591

Date Commission Expires at death

JOSÉ CARLOS MÉNDEZ
LSBA #32591 / Notary Public #8995
Parish of Jefferson, State of Louisiana
My Commission is for Life

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-TimeJob Title: PresidentName of Employer: JAB - New Orleans, Inc.Address: 230 Carondelet StreetCity, State, Zip: New Orleans, LA 70130Job Description: Manage clothing stores☐ Filer ☒ Spouse ☐ Full-Time ☐ Part-TimeJob Title: Ochsner Clinic PhysicianName of Employer: Ochsner ClinicAddress: 1514 Jefferson HighwayCity, State, Zip: New Orleans, LA 70121Job Description: Treat Patients☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

• You are required to disclose employment information related to both you and your spouse.

• List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

LOUISIANA BOARD OF ETHICS

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Baton Rouge, Louisiana 70821

Schedule B: Positions - Business☐ Check if not applicable☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 50 %Name of Business: JAB - New Orleans, IncAddress: 230 Carondelet St.City, State, Zip: N.O. LA 70130Business Description: Chain of clothing storesNature of Association: President, Director☐ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 33.33 %Name of Business: JAB - Jackson, Inc.Address: 39 Dogwood RdCity, State, Zip: Asheville, NC 28806Business Description: Clothing storeNature of Association: Treasurer, Secretary, Director☐ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 50 %Name of Business: JAB - Metairie, IncAddress: 230 Carondelet St.City, State, Zip: N.O. LA 70130Business Description: Clothing storeNature of Association: Director

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule B: Positions - Business☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>33.33</u> %		
Name of Business: <u>Interstate Property Group, LLC</u>		
Address: <u>230 Carondelet St.</u>		
City, State, Zip: <u>N.O. LA 70130</u>		
Business Description: <u>Holding Company</u>		
Nature of Association: <u>Member</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>50</u> %		
Name of Business: <u>Causeway Blvd., LLC</u>		
Address: <u>230 Carondelet St.</u>		
City, State, Zip: <u>N.O. LA 70130</u>		
Business Description: <u>Holding Company</u>		
Nature of Association: <u>Member</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>25</u> %		
Name of Business: <u>The Columbus Group</u>		
Address: <u>One Boston Way</u>		
City, State, Zip: <u>Asheville, NC</u>		
Business Description: <u>Holding Company</u>		
Nature of Association: <u>Secretary, Director</u>		

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

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Schedule B: Positions - Business☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>12</u> %		
Name of Business: <u>J.A.B. - Columbia</u>		
Address: <u>One Boston Way</u>		
City, State, Zip: <u>Asheville, NC 28803</u>		
Business Description: <u>Clothing Store</u>		
Nature of Association: <u>Director</u>		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>Biltmore Village Development Group, LLC</u>		
Address: <u>One Boston Way</u>		
City, State, Zip: <u>Asheville, NC 28803</u>		
Business Description: <u>Real Estate Development Company</u>		
Nature of Association: <u>Member</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>HBV, LLC</u>		
Address: <u>One Boston Way</u>		
City, State, Zip: <u>Asheville, NC 28803</u>		
Business Description: <u>Real Estate Company</u>		
Nature of Association: <u>Member</u>		

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

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Schedule B: Positions - Business☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>J. A. B. - Alabama, Inc.</u>		
Address: <u>One Boston Way</u>		
City, State, Zip: <u>Asheville, NC 28803</u>		
Business Description: <u>Clothing Store</u>		
Nature of Association: <u>Director, Secretary, Treasurer</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>J. A. B. - Augusta, Inc.</u>		
Address: <u>One Boston Way</u>		
City, State, Zip: <u>Asheville, NC 28803</u>		
Business Description: <u>Clothing Store</u>		
Nature of Association: <u>Director, President</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>J. A. B. - Baton Rouge, Inc.</u>		
Address: <u>One Boston Way</u>		
City, State, Zip: <u>Asheville, NC 28803</u>		
Business Description: <u>Clothing Store</u>		
Nature of Association: <u>Director</u>		

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

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LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>First NBC Bank</u>		
Address: <u>210 Baronne Street</u>		
City, State, Zip: <u>N.O. LA 70112</u>		
Business Description: <u>Bank</u>		
Nature of Association: <u>Director</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>First NBC Bank Holding Company</u>		
Address: <u>210 Baronne St.</u>		
City, State, Zip: <u>N.O. LA 70112</u>		
Business Description: <u>Bank Holding Co.</u>		
Nature of Association: <u>Director</u>		
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: <u>Penthouse Apartment Management LLC</u>		
Address: <u>230 Carondelet St.</u>		
City, State, Zip: <u>N.O. LA 70130</u>		
Business Description: <u>Holding Company</u>		
Nature of Association: <u>Member</u>		

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

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Schedule B: Positions - Business

☐ Check if not applicable

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both	
Amount of Interest (amount exceeds 10%): <u>100</u> %	
Name of Business: <u>Freach and French</u>	
Address: <u>1705 Calhoun Street</u>	
City, State, Zip: <u>N.O. LA 70118</u>	
Business Description: <u>Purse Business</u>	
Nature of Association: <u>President, Director</u>	
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	
Amount of Interest (amount exceeds 10%): _____ %	
Name of Business: <u>Highway 190 Investments, LLC</u>	
Address: <u>230 Carondelet Street</u>	
City, State, Zip: <u>N.O. LA 70130</u>	
Business Description: <u>Holding Company</u>	
Nature of Association: <u>Member</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	
Amount of Interest (amount exceeds 10%): _____ %	
Name of Business: <u>J.A.B. Mandeville, Inc.</u>	
Address: _____	
City, State, Zip: _____	
Business Description: _____	
Nature of Association: _____	

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions - Nonprofit☐ Check if not applicable☒ Filer ☐ SpouseName of Organization: Fenner French FoundationAddress: 6123 Marguerite PlaceCity, State, Zip: N.O. LA 70118Association: Member of Board, TreasurerDescription of Organization: Charitable Foundation☒ Filer ☐ SpouseName of Organization: Audubon Nature InstituteAddress: 6500 Magazine StreetCity, State, Zip: N.O. LA 70118Association: Member of BoardDescription of Organization: Support for Audubon Zoo☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Association: _____

Description of Organization: _____

*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

Revised June 2011

Form 416B

www.ethics.state.la.us

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule D: Income from the State, Political**☒ Check if not applicable**Subdivisions, and/or Gaming Interests**

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest
Name of Business (if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest
Name of Business (if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest
Name of Business (if applicable): _____
Name of Income Source: _____
Address: _____
City, State, Zip: _____
Amount of Income (exact dollar amount): \$ _____

* You are required to complete Schedule D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income Received from
Employment**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: <u>JAB - New Orleans, Inc.</u>			
Address: <u>230 Carondelet Street</u>			
City, State, Zip: <u>N.O. LA 70130</u>			
Nature of Services Rendered (pursuant to such employment): <u>President</u>			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: <u>First NBC Bank</u>			
Address: <u>210 Baronne St</u>			
City, State, Zip: <u>N.O. LA 70112</u>			
Nature of Services Rendered (pursuant to such employment): <u>Board Member</u>			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			
<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: <u>First NBC Bank Holding Company</u>			
Address: <u>210 Baronne St.</u>			
City, State, Zip: <u>N.O. LA 70112</u>			
Nature of Services Rendered (pursuant to such employment): <u>Board Member</u>			
Amount of Income: <input checked="" type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			

* You are required to complete Schedule E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* Income that is reported on Schedule D does not have to be restated on Schedule E.

* Income received through self-employment is reported on Schedule F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income Received from
Employment**☐ Check if not applicable

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: <u>Ochsner Clinic Foundation</u>			
Address: <u>1514 Jefferson Highway</u>			
City, State, Zip: <u>N.O. LA 70121</u>			
Nature of Services Rendered (pursuant to such employment): <u>Salary</u>			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999)			
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: _____			
Address: _____			
City, State, Zip: _____			
Nature of Services Rendered (pursuant to such employment): _____			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)			
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Name of Source of Income: _____			
Address: _____			
City, State, Zip: _____			
Nature of Services Rendered (pursuant to such employment): _____			
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)			
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)			

* You are required to complete Schedule E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* Income that is reported on Schedule D does not have to be restated on Schedule E.

* Income received through self-employment is reported on Schedule F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule F: Income Received from
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☒ Filer ☐ Spouse

Name of Business: F.H.F., No. 3, LLC
Address: 6123 Marguerite Place
City, State, Zip: NO. LA 70118

Nature of services rendered OR
reason income was received: ownership

☒ Filer ☐ Spouse

Name of Business: Historic Biltmore Village, LLC
Address: One Boston Way
City, State, Zip: Asheville, NC 28803

Nature of services rendered OR
reason income was received: ownership

☒ Filer ☐ Spouse

Name of Business: Biltmore Village Development Group
Address: One Boston Way
City, State, Zip: Asheville, NC 28803

Nature of services rendered OR
reason income was received: ownership

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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**Schedule F: Income Received from
Business Interests**

☐ Check if not applicable

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

☐ Category I (less than \$5,000)

☒ Category II (\$5,000-\$24,999)

☐ Category III (\$25,000-\$100,000)

☐ Category IV (more than \$100,000)

☒ Filer ☐ Spouse

Name of Business: Penthouse Apartment Management, LLC

Address: 230 Carondelet St.

City, State, Zip: N.O. LA 70130

Nature of services rendered OR
reason income was received:

ownership

☒ Filer ☐ Spouse

Name of Business: Interstate Property Group

Address: 230 Carondelet St.

City, State, Zip: N.O. LA 70130

Nature of services rendered OR
reason income was received:

ownership

☒ Filer ☐ Spouse

Name of Business: J.A.B - Forest Drive

Address: One Boston Way

City, State, Zip: Asheville, NC 28803

Nature of services rendered OR
reason income was received:

ownership

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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**Schedule F: Income Received from
Business Interests**

☐ Check if not applicable

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☒ Filer ☐ Spouse

Name of Business: J. A. B - Columbia
Address: One Boston Way
City, State, Zip: Asheville, NC 28803

Nature of services rendered OR
reason income was received: ownership

☐ Filer ☐ Spouse

Name of Business: _____
Address: _____
City, State, Zip: _____

Nature of services rendered OR
reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____
Address: _____
City, State, Zip: _____

Nature of services rendered OR
reason income was received: _____

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.
* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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Baton Rouge, Louisiana 70821

**Schedule F: Income Received from
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☒ Category IV (more than \$100,000)☒ Filer ☐ SpouseName of Business: JAB - New OrleansAddress: 230 Carondelet St.City, State, Zip: N.O. LA 70130Nature of services rendered OR
reason income was received:ownership☒ Filer ☐ SpouseName of Business: JAB - JacksonAddress: 39 Dogwood RdCity, State, Zip: Asheville, NC 28804Nature of services rendered OR
reason income was received:ownership☒ Filer ☐ SpouseName of Business: The Columbus GroupAddress: One Boston WayCity, State, Zip: Asheville, NC 28803Nature of services rendered OR
reason income was received:ownership

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule F: Income Received from
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

☒ Filer ☐ SpouseName of Business: Causeway Blvd, LLCAddress: 230 Carondelet St.City, State, Zip: N.O. LA 70130Nature of services rendered OR
reason income was received: ownership☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered OR
reason income was received: _____☐ Filer ☐ Spouse

Name of Business: _____

Address: _____

City, State, Zip: _____

Nature of services rendered OR
reason income was received: _____

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule G: Other Income**☒ Check if not applicable (any other income that exceeds \$1,000 from each source)☐ Filer☐ Spouse

Description of Income: _____

Nature of Services Rendered or
Reason Income was Received: _____Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer☐ Spouse

Description of Income: _____

Nature of Services Rendered or
Reason Income was Received: _____Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer☐ Spouse

Description of Income: _____

Nature of Services Rendered or
Reason Income was Received: _____Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**
(a property that exceeds \$2,000 in value)☐ Check if not applicable☒ Filer ☐ Spouse ☒ Both

Location of Property

Country: USA State: Louisiana Parish/County: Orleans

Description of Property:

Home - 1705 Calhoun StreetFair Market Value ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
or Use Value: ☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property:

Fair Market Value ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
or Use Value: ☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property:

Fair Market Value ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
or Use Value: ☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to disclose the location by country, state, and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule I: Investment Holdings

☐ Check if not applicable

(an investment holding that exceeds \$5,000)

☒ Filer ☐ Spouse ☐ Both

Name of Security:

Citigroup

Description of Security:

Stock

☒ Filer ☐ Spouse ☐ Both

Name of Security:

Verizon Communications

Description of Security:

stock

☒ Filer ☐ Spouse ☐ Both

Name of Security:

BP PLC

Description of Security:

stock

* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

*You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, or cash/cash equivalent investments.

*You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule J: Transactions**☐ Check if not applicable

(a transaction that exceeds \$5,000)

☒ Filer ☐ Spouse ☐ BothTransaction Date: 3/18/10

Description of Transaction:

Bought SPDR PutsAmount of Transaction: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☐ BothTransaction Date: 5/10/10

Description of Transaction:

Bought SPDR PutsAmount of Transaction: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ BothTransaction Date: 5/14/10

Description of Transaction:

Sold SPDR PutsAmount of Transaction: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule J: Transactions**☐ Check if not applicable

(a transaction that exceeds \$5,000)

☒ Filer ☐ Spouse ☐ BothTransaction Date: 6/22/10

Description of Transaction:

Bought Transocean IncAmount of Transaction: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☐ BothTransaction Date: 8/5/10

Description of Transaction:

Sold Transocean IncAmount of Transaction: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☐ BothTransaction Date: 3/31/10

Description of Transaction:

Sold U.S. Nat GasAmount of Transaction: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule K: Liabilities**

(a liability that exceeds \$10,000)

☐ Check if not applicable☒ Filer ☐ SpouseName of Creditor: The Columbus Group
Address: One Boston Way
City, State, Zip: Asheville, NC 28803
Name of Guarantor (If applicable): _____☒ Filer ☐ SpouseName of Creditor: JAB - New Orleans
Address: 230 Carondelet Street
City, State, Zip: N.O. LA 70130
Name of Guarantor (If applicable): _____☒ Filer ☐ SpouseName of Creditor: JAB - Metairie
Address: 230 Carondelet St.
City, State, Zip: N.O. LA 70130
Name of Guarantor (If applicable): _____☒ Filer ☐ SpouseName of Creditor: JAB - Jackson
Address: 39 Dogwood Rd
City, State, Zip: Asheville, NC 28806
Name of Guarantor (If applicable): _____

* You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

* You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

* You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

* You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

* You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

* You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

* "Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule L: Other Offices/Positions Held**☐ Check if not applicable

Name of Office/Position:	<u>Member - Republican State Central Comm.</u>
Name of Office/Position:	<u>Member - Orleans Parish Republican Executive Comm.</u>
Name of Office/Position:	<u>New Orleans Club - ^{Vice}President Chairman</u>
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	

*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.